FORM D

OCT 3 1 2002 UN

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

120344

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number:3235-0076
ExpireNovember 30, 2001
Estimated average burden
hours per response16.00

SEC US	E ONLY
Prefix	Serial
	l l
DATE RE	CEIVED
1	

						
Name of Offering (⊠ ch Mellon HBV Offshore Ar		dment and name ha	is changed, and ind	icate change.)		
Filing Under (check box(e		☐ Rule 504	☐ Rule 505	☑ Rule 506	☐ Section 4(6)	☑ ULOE
Type of Filing:	☐ New Filing					
			DENTIFICATI	ON DATA		
1. Enter the information r						
Name of Issuer (⊠ ch Mellon HBV Offshore A	eck if this is an amen	dment and name ha	is changed, and ind	icate change.)	0206	4164
Address of Executive Offic/o Walkers SPV Limited.	ces (Num	oer and Street, City Valker House, Mary	, State, Zip Code) Street, George To	Telephone Nu wn, Grand Cayman	mber (Including Area	345) 949-0100
Address of Principal Busin 200 Park Avenue, Suite 33			treet, City, State, Z	ip Code)	Telephone Number (I (212) 808-3950	ncluding Area Code)
Brief Description of Busin	ness: Private Inves	stment Fund				PROCESSE
Type of Business Organiza ⊠ corporation □ business trust	☐ limited partner	rship, already formership, to be formed	ed □ oti	ner	· ·	NOV 0 6 2002
	•					THOMSON FINANCIAL
Actual or Estimated Date of	of Incorporation or O	-	0 4 9 9			☐ Estimated
Jurisdiction of Incorporation	on or Organization: (Enter two-letter U.S		obreviation for Stat FN for other forei		

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et. seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N. W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in the form are not required to respond unless the form displays a currently valid OMB control number.

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A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote of disposition of, 10% or more of a class of equity securities of the issuer:
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply: Promo	ter Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partne
Full Name (Last name first, if individual)	· · · · · · · · · · · · · · · · · · ·		
William F. Harley III				
Business or Residence Address (Number and Street, City, State, Z	ip Code)		***
200 Park Avenue, Suite 3300, New York	, New York 10166-3399			
Check Box(es) that Apply: Promot	eer Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Edward A. Schinik				
Business or Residence Address (1	Number and Street, City, State, Zi	ip Code)		
200 Park Avenue, Suite 3300, New York	, New York 10166-3399	·.		
Check Box(es) that Apply: ☐ Promot	er Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual))		 	······································
MeesPierson Nominees (Cayman) Limite	d			
Business or Residence Address (1	Number and Street, City, State, Zi	p Code)		
P.O. Box 2003, British American Centre,	Phase 3, Dr. Roy's Drive, George	e Town, Grand Cayman, Caym	an Islands	
Check Box(es) that Apply: Promote	er Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				, , , , , , , , , , , , , , , , , , , ,
Business or Residence Address (N	Number and Street, City, State, Zi	p Code)		

				В.	INFORMA	TION ABO	OUT OFFE	RING				
1.	Has the issuer	sold, or doe	s the issuer i	ntend to se	ll, to non-ac	ccredited in	vestors in th	is offering?				Yes No . □ ⊠
				Answer als	o in Append	dix, Columr	2, if filing	under ULO	E.			
2.	What is the mi	nimum inve duction but	stment that y	will be acce 50,000.	pted from a	ny individu	al?		• • • • • • • •		\$1	
3.	Does the offer	ing permit jo	oint ownersh	ip of a sing	le unit?							Yes No . ⊠ □
4.	Enter the infor remuneration of person or agen five (5) person	for solicitation t of a broker	on of purcha or dealer reg	sers in con gistered wit	nection with	h sales of sond/or with a	ecurities in state or state	the offering tes, list the r	. If a personame of the l	n to be liste broker or de	ed is an asso aler. If mor	ociated re than
	Name (Last nar llex Brown	ne first, if in	dividual)									
	ess or Residence ark Avenue, No			Street, City	y, State, Zip	Code)						
Name	of Associated	Broker or D	ealer								•	
	Name (Last nar		dividual)									
	ess or Residence lexander Road			Street, City	, State, Zip	Code)	<u></u>				.	
Name	of Associated	Broker or De	ealer						·		*******	_
	lame (Last nan sified Trust Cor		dividual)			<u>-</u> -		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	ess or Residenc alleria Parkway				, State, Zip	Code)						
Name	of Associated	Broker or De	ealer					·-				
	lame (Last nan tine & Compan		lividual)					_			-	
	ess or Residenc Peachtree Road				, State, Zip	Code)		***************************************	-		-	
Name	of Associated l	Broker or De	aler									
States	in Which Perso	on Listed Ha	s Solicited o	or Intends to	Solicit Pu	rchasers						
								•				
[A. [II [M [R	L] [IN] T] [NE]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
	(Chaok "All S	tataall ar ah	aale indivie	lual Statos	`						M	A 11 Ctatas

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
		Aggregate	A
	Type of Security	Offering Price	Amount Already Sold
	Debt		\$ 0
	Equity	\$ 19,856,467	\$ 19,856,467
	□ Common □ Preferred		
	Convertible Securities (including warrants)		\$0
	Partnership Interest		\$0
	Other (Specify)		\$0
	Total	\$19,856,467	\$19,856,467
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
			Aggregate
		Number	Dollar Amount of
	Type of Security	Investors	Purchases
	Accredited Investors	. \$ 14	\$ 19,856,467
	Non-accredited Investors		\$ 0
	Total (for filings under Rule 504 only)	\$ 14	\$19,856,467
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securit	ies	• •
	sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
		Type of	Dollar
	Type of offering	Security	Amount Sold
	D. 1. 505	œ.	er.
	Rule 505		\$ \$
	Rule 504		\$
	Total		\$
	10(a)	· · <u>\$</u>	3
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of turites in this offering. Exclude amounts relating solely to organization expenses of the issuer. The	he sec-	
	information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$0
	Printing and Engraving Costs		\$0
	Legal Fees	⊠	\$ 40,000
	Accounting Fees		\$0
	Engineering Fees		\$0
	Sales Commissions (specify finders' fees separately)		
	Other Expenses (identify)	⊠	\$0
		⊠	
	Total		\$ 40,000

b.	tion 1 and total expenses furnished in response to Part C - Question 4.a. T	his differe	nce is the				\$19	,816,46
5.	for each of the purposes shown. If the amount for any purpose is not know and check the box to the left of the estimate. The total of the payments list	n, furnish ed must e	an estimate					
					Payments to Officers, Directors, & Affiliates			
	Salaries and fees			. 🗆 <u>\$</u>	0		\$	(
	Purchase of Real Estate			. 🗆 🕏	0		\$	(
	Purchase, rental or leasing and installation of machinery and equipment of the purchase of the state of the s	nent		. 🗆 <u>\$</u>	0		\$	(
	Construction or leasing of plant buildings and facilities			. 🗆 <u>\$</u>	0		\$	(
	offering that may be used in exchange for the assets or securities of	another is	suer	□ €	0		c c	
				_				
	• •			_				
	- •							6.467
				_				
				_				
signa	issuer has duly caused this notice to be signed by the undersigned duly auth	orized pe	change Commis	sion, ι	iled under Rul	e 50 que	05, the fo	ollowing
Teer	uer (Print or Type) Signature				Date			
		- 1	10			_		
		nt of Type			Octob	er Z	\mathcal{A} , 200	2
1941	the of signer (Fille of signer (Fil	in oior yp	-)					
Edv	ward A Schinik Director							
	tion I and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer "S19,816,46". Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the purposes is not known, furnish an estimate and check the box to the left of the estimate. The total of the purposes is not known, furnish an estimate and check the box to the left of the estimate. The total of the purposes is not known, furnish an estimate and check the box to the left of the estimate. The total of the purposes is not known, furnish and estimate and check the box to the left of the estimate. The total of the purposes is not known, furnish and estimate and check the box to the left of the estimate to difficient. Salaries and fees							
tion 1 and total expenses furnished in response to Part C - Question 4 a. This difference is the "adjusted gross proceeds to the issuer." 5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4 b above. Payments to Officers, Directors, & Payments Affiliates To Others								

E. STATE SIGNATURE

1.	Is any such party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?				
	S	ee Appendix, Column 5, for state	response.		
2.	The undersigned issuer hereby undertakes to fu CFR 2 39.500) at such times as required by state	•	any state in which this	notice is filed, a notice on Fon	m D (17
3.	The undersigned issuer hereby undertakes to furn	ish to the state administrators, upor	n written request, inform	nation furnished by the issuer to o	offerees.
4.	The undersigned issuer represents that the issuer Exemption (ULOE) of the state in which this not of establishing that these conditions have been	ce is filed and understands that the			
	issuer has read this notification and knows the cororized person.	tents to be true and has duly cause	ed this notice to be sign	ed on its behalf by the undersign	ied duly
Iss	uer (Print or Type)	Signature		Date	
Μe	ellon HBV Offshore Arbitrage Fund Ltd.	Ele	Jel b	October 29, 2002	
Na	me of Signer (Print or Type)	Title of Signer (Print or	Гуре)		
Ed	ward A. Schinik	Director			

				APPEN	DIX				
1	Intend non-a inv	to sell to ccredited estors State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C - Item 1)	Туре	of investor and a	4 amount purchased in S C-Item 2)	State	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
со									
СТ									
DE									
DC									
FL		Х	Participating Shares	1	218,000	0	0		х
GA		X	Participating Shares	1	361,359	0	0		X
HI				· · · · · · · · · · · · · · · · · · ·					
ID	, <u>, , , , , , , , , , , , , , , , , , </u>							_	
IL									
IN								_	
IA									
KS									
KY				-70					
LA						<u>.</u>			
ME								_	
MD					 			_	
MA							-		
MI				·					
MN									
MS									
MO								_	
MT									

				APPEN	IDIX				
1	non-a inv in	to sell to ccredited estors State B-Item 1)	Type of security and aggregate offering price offered in state (Part C - Item 1)	g price te Type of investor and amount purchased in State					5 lification r State OE s, attach ation of granted) i-Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
NE									
NV									
NH									
NJ									
NM									
NY									
NC									
ND									
ОН									
ОК									
OR						·			
PA									
RI									
sc									
SD							<u> </u>		
TN									
TX		x	Participating Shares	1	499,563	0	0.		X
UT	<u> </u>								
VT									
VA						<u> </u>			
WA	***	х	Participating Shares	1	1,400,000	0	0		Х
wv									
wı									
WY									

PR